Medical Policy: Sacroiliac Joint Injections for Chronic Low Back Pain

The Plan refers to Boston Medical Center HealthNet Plan in Massachusetts and Well Sense Health Plan in New Hampshire. Boston Medical Center HealthNet Plan and Well Sense Health Plan are trade names used by Boston Medical Center Health Plan, Inc.

Policy Applicability

<table>
<thead>
<tr>
<th>BMC HealthNet Plan</th>
<th>Well Sense Health Plan</th>
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<tbody>
<tr>
<td>MassHealth</td>
<td>New Hampshire Medicaid</td>
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<tr>
<td>Commonwealth Care</td>
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<tr>
<td>Commercial</td>
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</tbody>
</table>

Current Effective Date: 06/01/13
Original Effective Date: 11/01/08*
Policy Number: OCA: 3.9642

Summary:
The Plan considers diagnostic or therapeutic sacroiliac joint (SIJ) injections medically necessary when performed under fluoroscopic guidance for the management of chronic low back pain. Chronic sacroiliac joint pain is defined as pain that has lasted longer than three (3) months despite appropriate non-surgical intervention such as non-steroidal anti-inflammatory medications and physical therapy. Sacroiliac joint injection for the treatment of acute back pain is not considered medically necessary.

Plan prior authorization is required for diagnostic and/or therapeutic SIJ injections. It will be determined during the Plan’s prior authorization process if the service is considered medically necessary for the requested indication. See the Plan policy, Medically Necessary (policy number OCA: 3.14), for the product-specific definitions of medically necessary treatment. Review Plan policy,facet joint nerve injections. Plan policy, Facet Joint Nerve Injections for Chronic Back Pain and Chronic Neck Pain (policy number OCA: 3.9641), for guidelines for facet joint nerve injections.

Description of Item or Service:
Sacroiliac Joint Injection: A diagnostic or therapeutic injection using a local anesthetic agent and/or steroid injected into the sacroiliac joint (the junction between the sacrum and the ilium) under fluoroscopic guidance for the management of chronic low back pain. The injection is performed to determine if the pain is originating from the sacroiliac joint or to achieve pain relief for patients with pain originating from the joint.

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and the ilium that connects the spine to the pelvis) for the treatment of chronic low back pain associated with the SIJ.

**Medical Policy Statement:**
Diagnostic or therapeutic SI joint injections are considered medically necessary when **ALL** of the following applicable medical criteria and injection frequency guidelines are met:

A. **Medical Criteria:**

1. **Criteria for Diagnostic SIJ Injection:**

   a. The member has experienced severe and disabling non-radicular low back pain with the following pain characteristics:

      (1) Pain has occurred for at least 3 months; AND

      (2) Pain is at least intermittent or continuous causing functional disability; AND

      (3) Average pain level rated as a 6 or more on a 10-point visual analog scale (VAS); AND

   b. The member’s low back pain is thought to be secondary to SIJ disturbance based on clinical history and physical exam, and the sacroiliac physical exam includes **positive results from at least THREE (3) of the following clinical tests documented in the medical record.**

      (1) Compression test;

      (2) Fortin finger test;

      (3) Gaenslen test;

      (4) Gillet’s test;

      (5) Patrick test (or Faber maneuver);

      (6) Piedallu seated flexion test;

      (7) Van Durson standing flexion test;
c. The member’s symptoms have been unresponsive to at least a 3-month course of documented, conservative measures, including:

(1) Activity modification; OR

(2) Correction of postural abnormalities; OR

(3) Pharmacotherapies (e.g., anti-inflammatories, analgesics, or muscle relaxants); OR

(4) Documented inability to undergo or tolerate conservative treatment; AND

d. The member’s symptoms have failed to respond to 3 months of physical therapy and/or a home exercise program; AND

e. The SIJ injection is performed under fluoroscopic guidance; AND

f. The member is age 18 or older; AND

g. The number of injections does not exceed the Plan’s frequency guidelines specified in item B of this section.

2. Criteria for Therapeutic SIJ Injection:

a. All criteria are met for diagnostic SIJ injection (as specified in item 1 above); AND

b. A previous diagnostic injection identifies SIJ disturbance as the source of pain with the following results:

(1) At least 80% pain relief from baseline pain; AND

(2) Ability to perform previously painful movement without deterioration of the pain relief; AND

c. A previous diagnostic injection identifies SIJ disturbance as the source of pain; AND

d. Therapeutic injection is provided as part of a comprehensive pain management program, and the pain management program includes ALL of the following components:
(1) An individualized treatment plan has been developed for the member by a pain management physician; AND

(2) As part of the treatment plan, the pain management physician reviews previous and current services and documents in the medical record a physical exam (when appropriate); AND

(3) The pain management physician evaluates results of each SIJ injection and documents the member’s pain condition, duration of clinical response, and functional improvement in activities, including:

(a) Increased social activities; OR

(b) Decreased need for pain medication; OR

(c) Performing activities of daily living; OR

(d) Returning to work; OR

(e) Sleeping

(4) The pain management physician coordinates a medically necessary service or treatment (as defined in the Plan’s Medically Necessary policy, policy number OCA: 3.14) to maximize physical functioning for the member, while complying with the Plan’s prior authorization guidelines.

B. Injection Frequency Guidelines:

When the Plan’s clinical criteria are met (as stated above), the frequency and number of SIJ injections that are considered medically necessary are stated below for the diagnostic phase and therapeutic phase:

1. Diagnostic Phase:

   a. Diagnostic SIJ injections are performed at least 1 week apart with no more than 2 injections allowed in a 14-day period (i.e., each series of injections within this guideline counts as 1 session of treatment for the member); AND

   b. No more than 1 injection is given per side per session; AND
c. The member has received no more than 4 sessions of injections in a 12-month period (with the 12-month timeframe beginning on the date of the first injection).

2. **Treatment or Therapeutic Phase:**
   
a. The diagnostic phase has been completed; AND

b. A previous diagnostic SIJ injection identifies sacroiliac joint disturbance as the source of pain with the following results:
   
   (1) At least 80% pain relief from baseline pain; AND

   (2) Ability to perform previously painful movement without deterioration of the pain relief; AND

   c. A maximum of 4 sessions for SIJ injections is allowed in a 12-month period and must also comply with the following parameters (i.e., each series of injections within this guideline counts as 1 session of treatment for the member):
   
   (1) It has also been at least 2 months or longer between injections; AND

   (2) No more than 1 injection is given per side per session; AND

   (3) The 12-month timeframe begins on the date of the first injection; AND

   d. For a repeat injection, the injection has provided at least 80% relief for at least 6 weeks.

**Limitations:**

1. Sacroiliac joint injection for the treatment of acute back pain is not considered medically necessary.

2. Sacroiliac joint injection is considered experimental and investigational for any indication other than chronic low back pain or when Plan criteria are not met.

3. Sacroiliac joint injection for a patient less than age 18 is considered experimental and investigational.

4. When the patient has exceeded the maximum allowable number of injections specified in this Plan policy, the service is not considered medically necessary.
5. A sacroiliac joint injection conducted without fluoroscopic guided imaging (i.e., blinded) or guided by CT, ultrasonography, or MRI (rather than fluoroscopic guidance) is considered experimental and investigational.

6. A sacroiliac joint injection is not considered medically necessary if a facet injection is performed at the same session.

7. Contraindications to sacroiliac joint injections include the following:
   a. Patient with bleeding tendency or who is undergoing anticoagulation therapy; OR
   b. Patient with local or systemic infection due to the risk of spreading the infection; OR
   c. Patient with an unstable medical condition; OR
   d. Patient with a malignancy at the injection site; OR
   e. Patient with a history of significant allergic reaction to the injected solution (which is more prevalent in a multi-use container when a preservative is used); OR
   f. Patient is pregnant.


**Definitions:**

**Compression Test:** In the compression test, the patient lies on one side. The examiner applies pressure on one pelvic brim in the direction of the other. A positive result is pain across the SI joint.

**Fortin Finger Test:** In the Fortin finger test, the patient points to the area of pain with one finger. The result is positive if the site of pain is within 1 cm of the posterior superior iliac spine (PSIS), generally inferomedially.

**Gaenslen Test:** In the Gaenslen test, the patient is supine. The hip and knee are maximally flexed toward the trunk, and the opposite leg is extended. Pressure is applied to the flexed extremity. The finding is positive if pain is felt across the SI joint.
**Gillet’s Test:** Gillet’s test is done with the patient in the standing position. The patient stands on one leg while flexing the opposite hip and knee into the chest. Motion of the sacroiliac joint is assessed by placing one thumb under the posterior superior iliac spine on the side of hip flexion, with the other thumb in the midline at the S2 level. Normally, the thumb under the posterior superior iliac spine drops inferiorly and laterally with hip flexion. Restriction is indicated by decreased motion compared to the normal side.

**Patrick Test (or Faber Maneuver):** The Patrick test or the Faber maneuver is flexion, abduction, and external rotation of the hip. The patient lies supine. The heel of the tested side is placed on the opposite knee. Pressure is put on the flexed knee and the opposite anterior superior iliac spine area. Result is positive for SI dysfunction if pain is elicited in the SI joint area.

**Piedallu Seated Flexion Test:** In the Piedallu seated flexion test, the patient is seated with the examiner behind him. The examiner’s thumbs are placed just below the posterior superior iliac spine. The patient flexes the trunk forward. A positive result is asymmetric of motion.

**Van Durson Standing Flexion Test:** In the Van Durson standing flexion test, the patient is standing with the examiner behind him. The examiner’s thumbs are placed just below each posterior iliac spine. The patient flexes the trunk forward without bending the knees. A positive sign is asymmetric motion.

**Applicable Coding:**
Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description: Codes Covered When Medically Necessary (Using Fluoroscopy or CT)</th>
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</thead>
<tbody>
<tr>
<td>27096</td>
<td>Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed</td>
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<tr>
<th>HCPCS Code</th>
<th>Description: Codes Covered When Medically Necessary</th>
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<tbody>
<tr>
<td>G0259</td>
<td>Injection procedure for sacroiliac joint; arthrography</td>
</tr>
<tr>
<td>G0260</td>
<td>Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography</td>
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**Clinical Background Information:**
Lumbar intervertebral discs, facet joints, sacroiliac joint, ligaments, fascia, muscles, and nerve root dura have been shown to be capable of transmitting pain in the lumbar spine with resulting symptoms of low back pain and lower extremity pain. The diagnostic blocks applied in the precision diagnosis of chronic low back pain include lumbar facet joint nerve blocks, lumbar provocation discography, and sacroiliac joint blocks.

Disorders of the sacroiliac joints (SIJ) often contribute to chronic low back pain. By blocking the nerve to the SIJ, the pain impulses can be interrupted. Generally, SIJ injections are performed as part of a work-up for chronic back pain and are considered diagnostic or therapeutic. Diagnostic SIJ injections use short-acting local anesthetics to diagnose sacroiliac joint dysfunction as the cause of chronic low back pain. Confirmation that the SIJ is the source of pain is obtained if the block is successful in pain relief. Therapeutic SIJ blocks use long-acting local anesthetics and/or anti-inflammatory agents such as corticosteroids as a treatment for chronic low back pain. If successful a series of SIJ blocks may be medically necessary for relapse in pain, however, it is generally not reasonable to perform more than 4 series of injections in a 12-month period.

SIJ procedures involve placing a needle into the SIJ generally under fluoroscopic guidance. Typically, the procedure is done in the outpatient setting. Serious side effects are rare, but reported complications include local anesthetic reactions, superficial infections, and degenerative changes in the joints.

**References:**


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Policy History:
Original Effective Date: 11/01/08
*Effective Date for Commercial: 01/01/12
*Effective Date for Well Sense Health Plan: 01/01/13
(Effective 06/01/13, this policy replaced the Facet Joint Nerve Injections and Sacroiliac Joint Injections for Chronic Neck Pain and Chronic Back Pain policy, policy number OCA: 3.964.)

Date of Review/Revision:
06/23/09: Annual review, changed name of the policy, added additional criteria for SIJ injections and replaced the criteria for radiological findings negative for disc herniation and nerve root compression with: negative physical signs of radiculopathy or radicular pain, including negative straight leg raising or root tension signs, normal neurological examination, absence of signs of radiculopathy on any electrodiagnostic examinations. Updated the diagnostic clinical criteria to allow no more than 2 joint levels bilaterally or 3 joint levels unilaterally in a 7 to 14 day period to determine the origin of the patient’s pain. For SIJ injections, no more than 2 procedures may be allowed in a 7 to 14 day period to determine the origin of the patient’s pain. Updated references and coding sections. Effective date of changes is 10/01/09.
06/01/10: Annual review, no changes to criteria, updated references and coding.
06/01/11: Annual review, updated clinical criteria to clarify that the absence of prior spinal fusion must be at the clinically suspect levels, updated references.
07/01/12: Annual review. Updated references and revised the introductory paragraph in Applicable Coding section. Code descriptions updated but no change to list of applicable codes. Revised policy title and text to specify the policy relates to chronic neck pain and chronic back pain. Added the following additional contraindication for procedures: ‘Patient with a malignancy at the injection site.’ Clinical criteria updated for facet joint nerve injections and sacroiliac joint injections. Definitions added for radiculopathy and straight leg raise test. For facet joint injections, added symptoms of axial pain and signs of facet disease. For sacroiliac joint injections, added types of tests used for a sacroiliac exam. Added definition of a comprehensive pain management program and referenced the Plan’s Medically Necessary policy.
08/01/12: Off cycle review for Well Sense Health Plan. No changes.
12/01/12: Ad hoc review. Revised sacroiliac joint injection frequency guidelines in Medical Policy Statement section.
02/01/13: Annual review for effective date 06/01/13. Separated facet joint nerve injections and sacroiliac joint injections into two separate policies; policy formerly titled Facet Joint Nerve Injections and Sacroiliac Joint Injections for Chronic Neck Pain and Chronic Back Pain (formerly 3.964). Revised title and re-numbered policy. Updated language in Summary, Description of Item

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Last Review Date:
02/01/13

Next Review Date:
02/01/14

Approval Dates:
Regulatory Approval: N/A
Internal Approval:
06/10/08: MPCTAC
06/24/08: UMC
08/13/08: QIC
06/23/09: MPCTAC & UMC
07/22/09: QIC
06/30/10: MPCTAC
07/28/10: QIC
06/29/11: MPCTAC
07/27/11: QIC
06/20/12: MPCTAC
07/18/12: MPCTAC
08/13/12: MPCTAC (Off cycle review for Well Sense Health Plan)
08/22/12: QIC
09/06/12: QIC (Off cycle review for Well Sense Health Plan)
12/19/12: MPCTAC
12/20/12: QIC
02/20/13: MPCTAC
03/21/13: QIC

Authorizing Entity:
QIC

IMPORTANT NOTE: Not all services are covered for all products or employer groups. This medical policy expresses the Plan’s determination of whether certain services or supplies are medically necessary, experimental or investigational, or cosmetic. The Plan has reached these conclusions based upon the regulatory status of the technology and a review of clinical studies published in peer-reviewed medical journals.
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